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CONFIRMATION NO. 8198

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** CONTINUING DATA *****

This application is a CON of 09/880,576 06/13/2001 *Pending*
 which is a CON of 09/565,621 05/04/2000 PAT 6,537,203
 which is a CON of 09/114,510 07/13/1998 PAT 6,123,662

See 2/9/2004

** FOREIGN APPLICATIONS *****

none 2/9/2004

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 7	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		
Verified and Acknowledged				

ADDRESS

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TITLE

Cardiac disease treatment and device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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